

Progress Report on Investigations into the Matter of Requiring Follow-up Reports on Medical Recommendations Made to Agency Executives on the Occasions of their Voluntary Annual Physical Examinations

1. Since the Executive Annual Physical Examinations are voluntary on the part of Agency executives (GS-15 and above), it is not proper medical practice or procedure to require of them to provide OMS with follow-up reports from their private physicians. This would constitute an invasion of the privacy of the patient, his physician, and the doctor-patient relationship as recommended by the Inspector General.

2. In actual practice, any deficiencies in therapeutic follow-up stem from failure of the Agency's examining physician to instruct the Executive in the desirable follow-up procedure and reports!

3. As Acting Chief, Clinical Division, OMS, I am informed by my staff [redacted] Deputy Chief/CD, and [redacted] who comprehensively schedules, advises, and assuages the token complaints of Agency executives about the details of their annual physicals) that Agency executives welcome her summonses to their annual physicals, proctoscopic and all, and that they take very kindly to, and admire the thoroughness of, OMS in its investigations of their accessible organs.

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4. [redacted] states, and I believe it, that Agency executives are perfectly well aware that their annual physicals are completely voluntary, and they only undergo them because they themselves would like to know the results. It is quite clear to me, from talking with her, that she and they both relish their dealings with each other.

5. It is also quite clear to me that they want to know what our findings are, and what, if anything they should do about them. She tells me that they call her after their examinations, and request a briefing on our findings and recommendations. There

is no problem as far as the Executives are concerned. They are eager to consult again with the examining physician, and to cooperate with his recommendations.

6. The only problem about follow-up reports resides in the fact that the Clinical Division has not as yet provided procedures which explicitly instruct Annual Examinees and their examining physicians as to what subsequent treatment and reporting procedures are indicated. ★

7. Executive annuals are performed by only two physicians, [redacted] both WAE. Without explicit instructions [redacted] has perceived his duty as involving a close, personal follow-up of his examinees. Therefore he personally sees to it, via [redacted], that his examinees are called in to see him again after all their examination returns are in the file and at his hand. He then counsels with his examinees, and advises them, and refers them to their private physicians for therapeutic follow-up if indicated, or to himself if they have no regular physician. STAT

8. [redacted] does not take the initiative for this follow-up, and in consequence his examinees are left dangling. [redacted] is relatively new to the Agency and to the Clinical Division. Besides that, it is doubtful that any instructions in proper procedure will suffice to improve matters in his sector. The solution of his part of the problem awaits a different man on the job.

9. Procedurally, still another point can be profitably modified. That point concerns the follow-up letter sent to each Executive after all the returns are in. This letter, enclosure A, is in printed form, and it conveys the laboratory, x-ray, and physical examination findings. It is in format to be conveyed by the examinee to his private physician. For the examinee who has a private physician, and who is reasonably knowledgeable about medical matters and how to get medical attention, it is a useful document. But where the examinee is not knowledgeable in these matters and has no private physician, it is not meaningful and it does not precipitate any appropriate action on his part, let alone any follow-up information from the private physician. ★

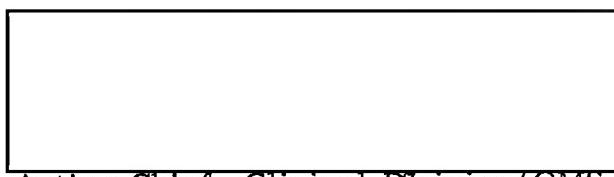
Neither does the form state that OMS desires follow-up information, where that is in order.

10. In summary, the following steps are being undertaken by the Clinical Division to implement effective follow-up on medical recommendations to Executive Annual Examinees:

- a. Inform examiners that follow-up medical information from private physicians is wanted in all cases in which treatment is indicated. X ✓
- b. Revise the follow-up letter to state explicitly to examinees that contact with private physician is indicated (where that is the case), and that his report is desired. X ✓
- c. Set up procedures within the Clinical Division to make explicit that a follow-up interview is scheduled with the examining physician in every case, whether any abnormality is found or not. X ✓
- d. Set up procedures within the Clinical Division to ensure that examinees are instructed how to get a private physician for follow-up purposes, and how to secure his follow-up report. X ✓

11. From current experience it promises to be a rare Annual Physical Examinee who will be disinclined to secure medical attention when it is recommended, and who will not facilitate OMS' receipt of his private physician's report.

12. In the rare instances that may prove exceptional to these voluntary procedures, OMS records will at least demonstrate that timely medical advice and adequate instructions were given.



Acting Chief, Clinical Division/OMS

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OMS / CD: [redacted] ho

UNITED STATES GOVERNMENT MEDICAL FACILITY

Date

Dear Doctor:

Your patient _____ has completed a physical examination by us. We would like to refer him for your evaluation and treatment of:

For your interest, the following laboratory studies have been done:

BUN _____ (10-20) Creatinine _____ (1-2)

Uric Acid _____ (4.5 - 9) FBS _____ (65-110)

Cholesterol _____ (150-250) Serology _____

Blood Type _____ Hematocrit _____ T-3 _____ (25-35)

Urine _____

EKG Chest Roentgenogram

Sigmoidoscopic examination

Additional studies:

We hope the above information will be of assistance to you.

Examining Physician